MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/ /					
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10	/					
11	/ /					
12	/ /					
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14	/	4				
15	/ /	/				
16	/ /					
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47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.						
TOTAL CLAIMS	/9					

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
		IND	DEP	IND	DEP	IND	DEP
	51						
	52						
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	54						
	55						
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	100						
	TOTAL IND.						
	TOTAL DEP.						
	TOTAL CLAIMS						